MONTANA IDEA PROJECT
(Integrated Data for Evaluation and Assessment)
April 30, 1999

What is IDEA?

MT IDEA is a project to **integrate the various data systems supporting the public health programs** carried out at the local level in partnership with the Health Policy Services Division of the Department of Public Health and Human Services. Over fifteen separate data systems contain information relating to many of the same clients who are served by one or more of those programs.

o	WIC	o	Immunization
o	Partnership to Strengthen Families	o	Family Planning
o	MIAMI	o	Follow Me
o	Medicaid (MMIS)	o	Children with Special Health Care Needs

The MT IDEA project is a four-phased project which places emphasis first on providing local integration to have impact on service delivery to clients as soon as possible:

Phase I   Develop a comprehensive, robust **Public Health Data System (PHDS)** for use at local public health departments which will be based on the current client case management and tracking capability. The PHDS will initially support four of the public health programs provided at the local level -- client case management and tracking, an initiative to serve women with high risk pregnancies (MIAMI Program), family planning and immunizations -- and will have the capability of including other programs as desired. The new software will: provide all the current standalone systems' functionality; add expanded capabilities; support confidentiality standards; and build in all the user friendliness available in a Windows environment.

Phase II   Develop a web-enabled **Sharing of Public Health Information (SOPHI)** capability for local public health service providers which will link the PHDS and other health data systems used at the local level, e.g., Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the CMX system for Planned Parenthood, and the MUMPS system used by the Indian Health Service for public health information. With client authorization, the SOPHI interface will provide for the sharing of clients' demographic information (name, address, etc.) among all these data systems at the local level, eliminating duplicate interviewing and data input. SOPHI will also facilitate client-authorized referrals between programs available in the local service area and statewide. As in all phases of the project, confidentiality of public health information will be maintained.

Phase III   Develop an **IDEA Information Center (IIC)** which will support comprehensive evaluation of program effectiveness at the county, local service area, and State levels. The IIC will contain selected extracts of client deidentified data collected at the local level linked with extracts of data from related data systems at the State (e.g., MMIS for Medicaid information, Vital Statistics). The extracts will be designed to provide meaningful information while preserving client confidentiality. This Phase will also build in the flexibility to link with related external health data systems, if appropriate.

Phase IV   Complete full-scale **training, support and evaluation** components of the first three phases. Develop and extend electronic **links with private providers** of immunizations, with hospitals providing birth assessment information, and with other divisions' related information systems.

Why integrate data systems?

The standalone data systems were established to meet the needs of the individual programs they support, and without integration they do not provide the capacity to help coordinate services among public health programs at the local level. It also causes much duplication of effort for health professionals entering basic demographic information about the clients they serve and wish to refer to other appropriate programs. An integrated data system will provide the local public health providers with

o more efficient client intake	o	improved evaluation of services
o improved coordination of services	o	improved evaluation of programs
o easier reporting and unduplicating of client counts		

At the state level, the linked system will provide selected extracts of deidentified information from each of the connected data system. These linked records will provide "profiles" of client characteristics, program services and outcomes that can be used for

analysis, program review, targeting of services to underserved populations, reporting and policy development.

Why not just upgrade the current FollowMe data system into Windows rather than develop a new Public Health Data System?

The existing FollowMe software was designed over several years in response to requests from program staff to provide various components of public health client-tracking capability. As such, there was no initial comprehensive definition of functionality that had to be provided, or high-level system design. In order to provide a solid basis for a comprehensive public health data system that will initially support four service programs and have the capacity to support additional programs, it became apparent that a newer, more robust software would be needed. The Public Health Data System (PHDS) component of the IDEA project will incorporate the current functionality of the Follow Me, MIAMI, Immunization and Family Planning programs and provide additional quality assurance and reporting capabilities in a Windows, user-friendly format. The PHDS will have an open data architecture which will be able to easily include other programs, such as WIC and clinic management, over time.

When will this new integrated data system be available?

The new public health data system (PHDS) is scheduled for piloting and installation from July through September of 1999. The SOPHI is scheduled to be operational for all participating local public health departments by December of 1999.   Linking the integrated PHDS with state level systems, such as Medicaid, is scheduled to become functional for all participating by April of 2000.

What kind of computer equipment will we need to run the PHDS software and participate in the IDEA system?

The PHDS software will be provided by the state and will need to be installed on a Pentium class computer with a minimum of 16 megabytes of memory. The IDEA Project intends to assist local health department sites in meeting minimum equipment needs. SOPHI will be a web-enabled application which will require local internet access. Connection of the local linked system with the State's IDEA Information Center in the third year of the project will be accomplished in a variety of ways depending on the nature of the internet capability available at the local program sites.

What about confidentiality?

The MT IDEA project has involved local public health professionals in its development from its inception. Local public health department staff have participated in the definition of what the integrated system must accomplish, the ease with which it must operate, and the confidentiality issues which must be addressed. The project has an advisory council that includes county representatives, client and parental representatives to advise department staff on the direction and focus of the project. Confidentiality is universally a major concern and is being addressed -- both in terms of design of the integrated system and in terms of procedures for collection and use of the information once it is linked.

After PHDS is installed in all counties, will we be able to continue to use our current data systems?

The PHDS will be the state-supported data system for the Follow Me, MIAMI, Immunization and Family Planning programs. The SOPHI will provide internet access to the CMX software for Intermountain Planned Parenthood, to the MUMPS software of the Indian Health Service, and to the WIC program software. Once PHDS is available at local sites, the department will no longer support or maintain the MCH/FollowMe or Healthmaster data systems. Use of data systems other than PHDS will not provide the benefits of integration or state support and training.

What kind of training and support will be available?

The state will provide coordinated training and support for the PHDS, for remaining local systems provided by the state, and for the common interface of standalone systems with the PHDS client-tracking system.

Questions? If you have questions, concerns or suggestions, you may write or call the IDEA Project Manager, Sib Clack, at (406)444-9527, Health Policy and Services Division, Cogswell Building, 1400 Broadway, Helena, MT 59620. Or you may contact her at the following e-mail address: sclack@state.mt.us